

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40131
State File No.

FILED JAN 11 1955

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cedar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cedar</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Ashland R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashland R.F.D.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u> b. (Middle) <u>Belle</u> c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 28 1895</u>
9. AGE (In years last birthday) Months Days Hours Min. <u>59 5 2</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>William Purcell</u>		13b. MOTHER'S MAIDEN NAME <u>Jeanettie Ferguson</u>	
13c. NAME OF HUSBAND OR WIFE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-16-9367</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Nichols Ashland Mo.</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatous</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Colon</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>153 X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>12/23</u> , 1954, to <u>12/30</u> , 1954, that I last saw the deceased alive on <u>12/30</u> , 1954, and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.		

23a. SIGNATURE <u>James E. Stiffan</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Ashland, Mo.</u>	23c. DATE SIGNED <u>12/31/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 2 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemt.</u>	24d. LOCATION (City, town, or county) (State) <u>Ashland, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Jan. 2, 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u>	27-9	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Burnett Ashland</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W^m C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.